

this form of medication in this particular disease, and secondly, because at present these products are not standardized and one knows so little as to what combinations are likely to be of avail; but I think that it is worth while to try either a single one, such as parathyroid extract, or a pluriglandular combination in conjunction with colloidal calcium.—I am, etc.,

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Assistant M.O., City Isolation Hospital and Sanatorium.
Bristol, Jan. 16th.

HELIO THERAPY AND THE WOLFRAM ARC REACTIONS.

SIR,—After reading Dr. Bernard Hudson's most interesting article on "Mountain climates in health and disease," in your issue of November 5th, 1921, it has occurred to me that the close analogy between his results from heliotherapy and my own from the use of the rays from the wolfram arc, in war service and private practice, might be of some interest.

It has long been established that the wolfram arc gives off an extreme volume of ultra-violet rays, electro-magnetic rays, and it is generally known that the rare metals are radioactive. These facts being acknowledged, there is at once established a comparison with the sun's rays.

The marked analgesic effect of wolfram rays in about one and a half to two minutes on, say, a recently reduced dislocation, a severely sprained ankle, acutely inflamed dental socket, acute frontal neuralgia, or acute lumbago, is a result only to be believed possible by actual demonstration. Many other painful conditions are capable of being relieved in the same way—for example, varicose veins and ulcers and eczema. Dr. Hudson claims similar results from the sun's first reaction, and I believe all who have had an extended use of the wolfram rays will agree that on this point the two reactions are similar.

In regard to pigmentation, here again the results are identical, fair or reddish people reacting much more quickly than dark; the concentrated intensity of the wolfram rays causes reaction much more quickly, anything over one minute's exposure producing pigmentation. In the absorption of adhesions I have had similar results.

Dr. Hudson refers to the general improvement in the patient under heliotherapy; it has frequently been my experience for patients to exclaim voluntarily, after, say, fourteen days' treatment with wolfram rays, how much improved they are in general health.

After using the wolfram rays continuously for four and a half years, with about 30,000 administrations in the N.Z.M.C. and a large number in private practice, my experience has been as follows: (1) The rays are extremely bactericidal; (2) they are markedly analgesic; (3) they produce tissue in the healing of wounds of a character and vitality quite different from ordinary scar tissue—that is, more natural; (4) they have never to my knowledge caused any harm to those treated or to those who apply them properly.—I am, etc.,

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London, W.1.

PROFESSIONAL SECRECY AND MEDICAL EVIDENCE.

SIR,—Dr. Brend's contribution on this subject in your issue of January 14th is highly interesting, and is written with that lucidity and clarity always so characteristic of his pen. He has laid down the position of English law relating to medical privilege, which I am not disposed to question or dispute; his conclusions, I trow, will nevertheless be considered more academic than just.

Perhaps it is true to say that no body of men are the recipients of such grave and profound confidences as general practitioners of medicine, and I am confident that the general practitioners will not be content to abide by the recent rulings in the courts, but, on the contrary, they will instruct their Divisions to insist upon the Representative Meeting emphatically declaring a very definite and decisive policy on the subject. Indeed, it seems to me, since medicine is becoming so rapidly and increasingly under public control, it is of paramount importance to the successful administration of such State medicine that medical privileges should be maintained.

It is surely obvious that if the public are possessed of any doubts in their minds concerning professional secrecy, the result can only be a disastrous handicap to the doctor in securing an accurate history, and in consequence will seriously

mililitate against the successful detection of disease, as well as efficiency in treatment.

Professional secrecy should be maintained essentially in the interests of the State and the community, access to the treatment of disease being absolutely free and unfettered, and the promotion of justice is not at all likely to be defeated thereby.—I am, etc.,

Bournemouth, Jan. 16th.

WALTER ASTEN.

MIDWIVES AND OPIUM.

SIR,—Referring to the report of the Central Midwives Board and the use of opium by midwives, I should like to state that opium, in reasonable medicinal doses, is not a dangerous drug, and can result in no harm to mother or child when given at a confinement except in a case of severe nephritis, in which case a qualified midwife will send for a doctor, if for no other reason than her own protection.

It is a great mistake to tie up midwives with too many and too stringent rules, as it limits their power of action and their usefulness, and has a decided tendency to turn patients away to "Gamps," of whom we have still a multitude.

I am not aware that midwives use pituitrin, except under a doctor's direction; but if so it seems unwise with their present knowledge, as it is by no means so safe a drug as opium. I have thirty years' experience of the use of opium for horses, cattle, and people of all colours, ages, and conditions, and have never had cause to regret its use where necessary, even in patients with advanced heart disease, or infants. It is still the most valuable drug we possess.—I am, etc.,

Northampton, Jan. 8th.

ABRAHAM PORTER, M.D., Ph.C.

No. 1 CASUALTY CLEARING STATION.

SIR,—The achievement of No. 1 Casualty Clearing Station was probably unique, amongst medical units, in the history of the war. On August 4th, 1914, orders were given to mobilize the "clearing hospital," which was afterwards officially designated No. 1 Casualty Clearing Station. On August 16th it embarked at Southampton under sealed orders for France and proceeded at once towards Mons, where it commenced work during the strenuous times consequent on the famous retreat. The late Colonel F. H. Symonds, R.A.M.C., was the first commanding officer. After having had many locations and vicissitudes throughout the whole period of the war, it finally laboured to keep up with the British advance which began about August 8th, 1918. The casualty clearing station was last under canvas at Escandoeuvres, near Cambrai, and had the signal honour of moving into Mons and taking charge of the civil hospital on November 14th, 1918, just the day before General Horne made his formal entry into the town. The "Hôpital Civil" had been occupied by the Germans during the war as a Kriegslazarett, and when taken over by the medical officers of the casualty clearing station (seven in number, including the then commanding officer, Lieut.-Colonel E. M. Cowell, R.A.M.C.) it immediately became crowded with starving and (in many cases) diseased men belonging to the British Army who had been prisoners in Germany, and who were not very fit subjects for the epidemic of influenza which was prevalent at that time.—I am, etc.,

Belfast, Dec. 27th, 1921.

S. W. ALLWORTHY.

THE ANTE-NATAL TREATMENT OF CONGENITAL SYPHILIS.

SIR,—I have read with interest Mr. Adams's criticism, in the JOURNAL of January 14th, page 56, of my communication to the British Medical Association at Newcastle on "Ante-natal treatment of congenital syphilis," criticism which I am specially pleased to see, as it is, at least so far as I am aware, the first reference by Mr. Adams to any work of his predecessors in this field. He however has confused the issue. In my communication the discussion was of ante-natal *versus* post-natal treatment of congenital syphilis, and I concluded, from my own work, from that of the French pioneers in the field, and from the more recent work of Mr. Adams himself, that ante-natal treatment gives far and away the best results; a conclusion substantiated by his latest figures. So far as I can gather from Mr. Adams's several communications he always practises ante-natal treatment, and thus merely carries out what I and others have been teaching for years. He makes no mention of post-natal treatment pure and simple.